





**Optimal Documentation,
Billing & Compliance in 2017**

Lynn Steffes, PT, DPT
steffesandassociates.com


2017 CONFERENCE & EXPO






Course Objectives:


- By the end of this presentation, the attendees will be able to...
- Understand Major Payer Regulatory & Business Initiatives in Ethical Payment/Compliance
 - Medicare/Medicaid/3rd Party/WC Updates
 - Documentation for Payment
 - Optimal Billing & Coding -
 - » CPT
 - Therapy Eval/Re-Eval Coding
 - » ICD-10
 - Billing & Coding Updates
 - » Eval Codes
 - » Treatment Re-valuing






CMS Updates


- Overall Medicare fee schedule (Part B) will have an increase in the conversion factor 35.8043 (2016) to 35.8887 (2017)...yes this will yield a marginal increase in PT/OT/SLP fees but don't go out giving any bonuses based on that.
- The therapy cap for 2017 is \$1,980; it is still split by Speech and Language Pathology and Physical Therapy. Occupational Therapy will continue to receive the full \$1,980 compensation. The Therapy Cap Exceptions provision is in place through December 31, 2017; the same requirements apply as in previous years.
- Manual Medical Reviews for services over \$3,700 will be conducted on certain claims that exceed the \$3,700 threshold focusing on those claims and providers who have aberrant billing behavior.
- The Multiple Procedure Payment Reduction (MPPR) will still be in place for 2017 and the sequestration Payment Reduction (2%) will still be in place for 2017.







What to look for in your documentation

- Does your current documentation /documentation forms and/or templates capture the parameters of ICD-10?
 - Laterality ?
 - Cause of Injury, Disease?
 - Location?
 - Point in the healing process? (7th Digit coding)
 - Do you report the important Co-morbidities?
- Correct coding relies on your clinicians' supportive documentation on all forms
 - Intake Forms including referrals
 - Evaluations
 - G-Coding/PQRS Coding
 - Billing forms/Super Bills






ICD-10 Is Required NOW...




Material presented at IPTA 2016/REVITALIZE Conference






CPT Coding & Billing- Substantial Portion Billing (SBP)




What is RBRVS?


- Resource-Based Relative Value Scale
- Payment for services varies with resources & costs associated with delivery
- Payment conversion factors vary by geography (GPCI's often referred to as "Gypsies")
- Provider work (Time, skill & effort, Mental Effort & Judgment, Stress of risk) x **Practice expense** x Professional Liability
- Practice Expense & MPPR






Codes have become more Granular over time....



Hierarchy of Exercise Codes:

- GT
- Ther Ex
- Neuromuscular Re-ed
- Therapeutic Activities
- ADLs



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Understanding Relative Value:

<http://www.apta.org/apta/advocacy/feecalculator>

Medicare Fee Schedule Calculator

2017 Payment Rates for IL - Suburban Chicago

Code	Status	Treatment	Payment Rate
97110	A	Therapeutic exercises	\$34.51
97112	A	Neuromuscular reeducation	\$36.03
97116	A	Gait training therapy	\$29.85
97140	A	Manual therapy 1/> regions	\$31.70
97530	A	Therapeutic activities	\$36.99
97535	A	Self care mgmt training	\$37.17

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2017 Payment Rates for IL - Suburban Chicago

Code	Status	Treatment	Payment Rate
97010	B	Hot or cold packs therapy	\$6.54
97012	A	Mechanical traction therapy	\$17.22
97014	I	Electric stimulation therapy	\$16.95
97016	A	Vasopneumatic device therapy	\$20.74
97032	A	Electrical stimulation	\$20.25
97033	A	Electric current therapy	\$23.26
97035	A	Ultrasound therapy	\$13.49

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Other...

2017 Payment Rates for IL - Suburban Chicago

Code	Status	Treatment	Payment Rate
97750	A	Physical performance test	\$34.89
97755	A	Assistive technology assess	\$37.65
97760	A	Orthotic mgmt and training	\$40.57
97761	A	Prosthetic training	\$35.27
97762	A	C/o for orthotic/prosth use	\$51.29

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REVITALIZE CPT Codes can be Timed/Untimed



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REVITALIZE What constitutes a timed code?


- Time spent in formal/informal assessment of related fxn/impairments
- Time spent educating client/caregiver related to intervention with the client present
- Time spent in *face-face* intervention

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REVITALIZE AMA on Substantial Portion Billing:



- CPT manual, on page xii, Introduction section, titled "Time" in which it states, "The CPT code set contains many codes with a time basis for code selection...Time is the face-to-face time with the patient...A unit of time is attained when the mid-point is passed..."
- The construct of the **Substantial Portion Methodology**
- As with any 15-minute timed code, it is important to recognize that a substantial portion of 15 minutes must be spent in performing the pre-, intra-, and post-service work in order to report the timed code.....
 - (CPT Assistant-August 2005)


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Medicare vs. Substantial Portion Methodology


Medicare/Medicaid	Other Payers without Restrictions:
<ul style="list-style-type: none"> • Ther ex- 15 minutes • Ultrasound- 7 minutes + 31 Seconds • Neuromuscular re-ed- <u>10 minutes</u> • 32.5 minutes-Total Time • 2 Units Billing 	<ul style="list-style-type: none"> • Ther ex- 15 minutes • Ultrasound- 7 minutes + 31 secs • Neuromuscular re-ed- <u>10 minutes</u> • 3 codes \geq 7.5 minutes • 3 Units Billing







Third-Party Payers & "Total Time" Element of the 8 Minute Rule


- Specifically Restricted:
 - Medicare/Medicaid/VA
 - United HealthCare
- Unrestricted
 - Worker's Comp
 - Aetna
 - CIGNA






If > 1 CPT code used per DOS MC/MA/UHC


<ul style="list-style-type: none"> • Total # of units cannot exceed total treatment time • Add all minutes of timed codes per DOS • Assign Units per code to bill 	<ul style="list-style-type: none"> • Do NOT exclude codes that were under 8 minutes in the total amount of time • 1 unit \geq 8 min $<$ 23 min • 2 unit \geq 23 min $<$ 38 min • 3 unit \geq 38 min $<$ 53 min • 4 unit \geq 53 min $<$ 67 min • Units > 5 are often subject to review
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Monitoring your Time


- Midwest “Ideal Data”:
- Outpatient Ortho
 - # of Units 3.75/visit
- How with MC/MA/UHC
 - Be aware of TIME!!!
 - 23-37 minutes =2 units
 - 38-52 minutes=3 units
 - Apply Appropriate untimed codes






New Evaluation Codes


- On July 7, 2016, the Centers for Medicare & Medicaid Services (CMS) issued a proposed rule that updates payment policies, payment rates, and quality provisions for services furnished under the Medicare Physician Fee Schedule (PFS), effective January 1, 2017.
- The new evaluation code descriptors stratify evaluations by complexity—low, moderate, and high—but in a departure from recommendations from the American Medical Association's Relative Value Scale Update Committee, they will be priced as a group rather than individually. That means CMS will keep the longstanding relative value unit (RVU) of 1.20 for all 3 levels of evaluation. The proposed rule also includes 1 reevaluation code with an RVU of .60.







Our New Codes

2017 Evaluation Codes for Physical Therapy




- Evaluation
 - 97161 Low Complexity Evaluation
 - 97162 Moderate Complexity Evaluation
 - 97163 High Complexity Evaluation
- Re-evaluation
 - 97164 A single code






Common Co-Morbidities

- Comorbidity (Medical Conditions) examples:
 - Obesity (BMI) TKA rehabilitation outcome
 - Arthritis with Low Back Pain
 - Diabetes with wound care
 - Depression with many conditions
 - Heart condition
 - Communication (aphasia, dysphasia)
 - Vision
 - Cognition (dementia)
 - Psychological Diagnosis
 - Neuro diagnosis with orthopedic problems





Documenting Patient History: Defining Contextual Factors


Personal Factors influence how disability is experienced by the individual:


- Include sex, age, coping styles, social background, education, profession, past/current experience
- Overall behavior patterns, learning styles, adherence to interventions

Personal factors that *exist but do not impact* the physical therapy plan of care are not to be considered when selecting a level of service.

Environmental Factors

- Physical, social, and attitudinal environment in which people live and experience







Understanding...

DEFINITIONS

- Body Regions:** Head, neck, back, lower extremities, upper extremities, and trunk
- Body Systems:**
 - Musculoskeletal:** gross symmetry, gross ROM, gross strength, height and weight
 - Neuromuscular:** gross coordinated movement (eg. Balance, gait locomotion, transfers, and transitions) and motor function (motor control and motor learning)
 - Cardiovascular pulmonary:** heart rate, respiratory rate, blood pressure, and edema
 - Integumentary:** pliability (texture), presence of scar formation, skin color and skin integrity







Documenting Examination: Definitions

A Review of Body Systems includes the following:

- Musculoskeletal system:** the assessment of gross symmetry, gross range of motion, gross strength, height, and weight
- Neuromuscular system:** a general assessment of gross coordinated movement (eg, balance, gait, locomotion, transfers, and transitions) and motor function (motor control and motor learning)
- Cardiovascular/pulmonary system:** the assessment of heart rate, respiratory rate, blood pressure, and edema
- Integumentary system:** the assessment of pliability (texture), presence of scar formation, skin color, and skin integrity

A review of body systems also includes cognitive assessment of the patient's ability to make needs known, level of consciousness and, orientation (person, place, and time), expected emotional/behavioral responses, and learning preferences (eg, learning barriers, education needs)






Documenting Examination: Definitions


Body Functions

- Physiological functions of body systems
 - Blood pressure, heart rate, vestibular, sleep
 - Includes psychological functions

Body Structures

- Anatomical parts of the body
 - Soft tissue, joint, bone, skin, spinal cord







Documenting Examination: Definitions

Activity Limitations

- Difficulties or restrictions experienced by an individual in the execution of a task or action
 - Self care: hygiene, dressing, etc
 - Mobility: changing or maintaining positions, walking, carrying, handling objects, etc
 - Other ADLs: household tasks, assisting others, etc







Documenting Examination: Definitions

Participation Restrictions

- Difficulties or restrictions experienced by an individual in societal aspects of functioning or in life situations
 - Participating in domestic life
 - Participating as a student or employee
 - Participating as a member of a community
 - Accessing public transportation or other services







Physiological Presentation...

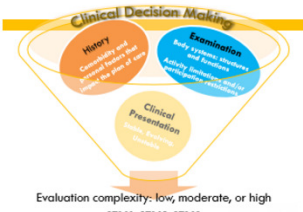
CLINICAL PRESENTATION OF THE PATIENT

- Stable and uncomplicated OR
- Evolving clinical presentation with changing clinical characteristics OR
- Evolving clinical presentation with unstable and unpredictable characteristics







Understanding Presentation



Evaluation complexity: low, moderate, or high
97161, 97162, 97163

History + physical exam + clinical presentation contribute to decisions reflecting clinical judgment







Decision-Making

4 Components of Complexity and Severity

- Patient history (medical and functional, including comorbidities)
- Examination and the use of standardized tests and measures
- Clinical presentation of the patient AND
- Clinical decision making







Clinical Reasoning

CLINICAL JUDGEMENT AND DECISION MAKING


- Based on the composite of the patient's presentation ("the dynamic interaction between the health condition and the contextual factors"- ICF)
- This clinical judgement occurs at each encounter or session informed as much as possible by current best evidence.






97161 – Physical Therapy Evaluation: Low Complexity


History	Examination	Presentation	Decision-Making
A history with no personal factors and/or comorbidities that impact the plan of care;	An examination of body system(s) using standardized tests and measures addressing 1-2 elements from any of the following: body structures and functions, activity limitations, and/or participation restrictions;	A clinical presentation with stable and/or uncomplicated characteristics; and	Clinical decision making of low complexity using standardized patient assessment instrument and/or measurable assessment of functional outcome.






97162 – Physical Therapy Evaluation: Moderate Complexity


History	Examination	Presentation	Decision-Making
A history of present problem with 1-2 personal factors and/or comorbidities that impact the plan of care;	An examination of body systems using standardized tests and measures in addressing a total of 3 or more elements from any of the following: body structures and functions, activity limitations, and/or participation restrictions;	An evolving clinical presentation with changing characteristics ; and	Clinical decision making of moderate complexity using standardized patient assessment instrument and/or measurable assessment of functional outcome.






97163 – Physical Therapy Evaluation: High Complexity


History	Examination	Presentation	Decision-Making
A history of present problem with 3 or more personal factors and/or comorbidities that impact the plan of care;	An examination of body systems using standardized tests and measures addressing a total of 4 or more elements from any of the following: body structures and functions, activity limitations, and/or participation restrictions;	A clinical presentation with unstable and unpredictable characteristics ; and	Clinical decision making of high complexity using standardized patient assessment instrument and/or measurable assessment of functional outcome.





97164 – Physical Therapy Re-evaluation: Established Plan of Care

- Requires an examination including a review of history and use of standardized tests and measures; and
- Revised plan of care using a standardized patient assessment instrument and/or measurable assessment of functional outcome



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2017 Physical Therapy Evaluation Codes: Typical Time Spent

97161: Low Complexity	97162: Moderate Complexity	97163: High Complexity	97164: Reevaluation
Typically, 20 minutes are spent face-to-face with the patient and/or family.	Typically, 30 minutes are spent face-to-face with the patient and/or family.	Typically, 45 minutes are spent face-to-face with the patient and/or family.	Typically, 20 minutes are spent face-to-face with the patient and/or family.

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Time GUIDANCE

Time is Used as Guidance Only

Low Complexity	Moderate Complexity	High Complexity	Reevaluation
Typically, 20 minutes are spent face-to-face with the patient and/or family.	Typically, 30 minutes are spent face-to-face with the patient and/or family.	Typically, 45 minutes are spent face-to-face with the patient and/or family.	Typically, 20 minutes are spent face-to-face with the patient and/or family.

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Patient Case # 1:
41 y/o female with a 3 yr. history of intermittent LBP, increasing in frequency to daily over the past 2 mo. BMI 33, no other co-morbidities; Fluctuating pain from 3-9/10; now 7/10. Ostwestry 35; Work as a day care provider is interrupted at least 1x/wk. due to LBP; Unable to stand more than 5 min; Sleep varies but is impacted 3/5 nights.

History	Examination	Presentation	Decision-Making	Eval. Time

Evaluation Code Selection: 97161 ☐ 97162 ☐ 97163 ☐


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Patient Case # 1:
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History	Examination	Presentation	Decision-Making	Eval. Time
BMI Frequency/Chronicity	Work Standing Sleep	Evolving/Changing Pain	Moderate ✓ Oswestry 35	

Evaluation Code Selection: 97161 ☐ **97162** ☐ 97163 ☐







Patient Case # 2:
14 y/o male 4 days post knee sprain playing basketball; no prior injuries; no co-morbidities; Pain is 4/10 (decreased from 8/10 at onset); LEFS score 45; moderate swelling of the knee; limited ROM; moderately impaired balance; no deficits with the trunk, hip or ankle.

History	Examination	Presentation	Decision-Making	Eval. Time

Evaluation Code Selection: 97161 ☐ 97162 ☐ 97163 ☐







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History	Examination	Presentation	Decision-Making	Eval. Time
No relevant co-morbidities or personal factors	1. LE (knee, hip and ankle) 2. Trunk	Stable and predictable	Low Complexity ✓ LEFS 45	

Evaluation Code Selection: **97161** ☐ 97162 ☐ 97163 ☐







Patient Case # 3:
65 y/o male with 6 month history of pain and stiffness of his right shoulder. Using NSAIDS and is self-limiting activity. History of poorly controlled diabetes; reports dropping objects often, difficulty dressing and other self care activities, and inability to assist in household activities all due to the pain. Shoulder ROM limited in a capsular pattern. Low UEFS score.

History	Examination	Presentation	Decision-Making	Eval. Time

Evaluation Code Selection: 97161 ☐ 97162 ☐ 97163 ☐






Patient Case # 3:
65 y/o male with 6 month history of pain and stiffness of his right shoulder. Using NSAIDS and is self-limiting activity. History of poorly controlled diabetes; reports dropping objects often, difficulty dressing and other self care activities, and inability to assist in household activities all due to the pain. Shoulder ROM limited in a capsular pattern. Low UEFS score.

History	Examination	Presentation	Decision-Making	Eval. Time
Acuity/chronicity Diabetes status	Carrying/handling Self care Household tasks Upper Extremity	Unstable and unpredictable blood sugars	Moderate complexity ✓ UEFS	

Evaluation Code Selection: 97161 ☐ 97162 ☒ 97163 ☐





REFERENCES


<http://www.apta.org/Payment/Medicare/CodingBilling/FeeSchedule/Summaries/2016/7/15/>

<http://policy.apta.org/NationalIssues/APS/>

<http://www.apta.org/PTinMotion/News/2016/9/7/FeeSchedule/>


http://www.apta.org/uploadedFiles/APTAorg/Payment/Medicare/Coding_and_Billing/Fee_Schedule/Comments/APTAComments_FeeSchedule2017ProposedRule.pdf






Physical Performance Testing:


- This code reflects intermittent testing throughout an episode of care and could be reported outside of an episode of care as well, in order to determine specific impairments or functional deficits to inform a potential need for an individual to be evaluated and treated. This service could require multiple hours (eg, FCE).
- *Requires direct one-on-one patient contact.* Cannot be billed on the same DOS of Eval/Re-eval
- Physical performance test or measurement (e.g., musculoskeletal, functional capacity), with written report, each 15 minutes
- Samples of PPT:
 - Berg





Monitoring your Patient Arrival & Completion Rates!

- Midwest "Ideal Data":
 - Outpatient Ortho
 - 93% Arrival Rate
- How?
 - Therapist dialogue & patient buy-in on importance of the POC
 - Schedule out the POC
 - Secure the Commitment of your patients
 - Have a consistent CX/NS policy
 - Communicate concern about CX/NS
 - Script the scheduler on "call-ins"





Lynn Steffes, PT, DPT

Steffes & Associates Consulting Group, LLC
steffbiz@gmail.com



